

(08/11/13)

Surveyor: Kelvin

REF: NS/INC1901148/K1td302

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: 89U2286K

Policy No. 5106852729 (9/1/19 - 8/1/2020)

Claims No. MT/105621-001

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 10604 Yr Regn: 23 Aug 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Truck~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 151349 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 5701CBJF4703563480

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Dacenti

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 22/6/19 D.O.I. 24/6/19

Survey held at CPGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 10604 - CS/FCI 3007040/Hly/d1 D.O.A. 13/4/2013 INC
	89U2286K - X PIP
22/6/19	Chk PIP \$ 767.88 / 2 Pys. Cred.
	RECEIVED 2.8 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: 160

Date/Time, File Return to?

Transportation: \_\_\_\_\_

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

☐ : Interview (\$ \_\_\_\_\_)

Photos \_\_\_\_\_

Road Feedback

160

# TP Claims against NTUC Income: Follow-Through Survey

Date : 27/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1050534-002	CITYCAB PTE LTD	SHB 3963X	FQ 9573T	22/06/2019	15:10	\$ 7,036.82	\$ 1,300.00
2	MT/1048987-002	SMRT TAXIS PTE LTD	SHD 6403R	YN 3016R	24/05/2019	16:30	\$ 5,724.28	\$ 2,385.64
3	MT/1050302-002	COMFORT TRANSPORTATION PTE LTD	SHC 2799E	SLX 8307U	24/06/2019	13:30	\$ 5,255.80	\$ 2,500.00
4	MT/1050236-002	COMFORT TRANSPORTATION PTE LTD	SHA 7629R	SLK 2931A	23/06/2019	02:00	\$ 5,796.68	\$ 2,450.00
5	MT/1051021-001	COMFORT TRANSPORTATION PTE LTD	SHA 1060U	SGU 2286K	22/06/2019	17:00	\$ 3,834.66	\$ 767.88
5	MT/1051026-001	COMFORT TRANSPORTATION PTE LTD	SHC 8560L	SIN 2530G	22/06/2019	13:50	\$ 2,461.44	\$ 1,700.00

Received claim from LKK

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/06/2019 11:32"/>
Vehicle No.(For Motor)	<input type="text" value="SGU2286K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106852729		TAN SIEW CHIN SHARON	S7627929B	GPC	drive CLASSIC	SGU2286K	SGU2286K	09/01/2019	08/01/2020

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 3932390 JC NO.: 305305647

IMER  
COMFORT TRANSPORTATION PTE LTD  
IMER NO 7010045  
SS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)  
UNT CARD NO

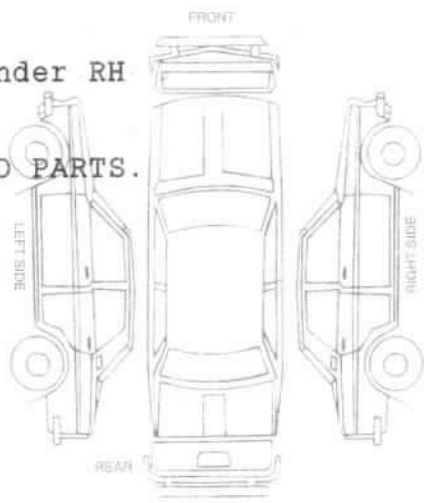
REGN NO.: SHA1060U	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 24.06.2019 10:25
YR OF MANU. 23.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FU703563480	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.06.2019  
NATURE: 3P 22.06.19

S/NO	LABOR CODE
000050	PB
000060	SP
000070	17-01
000080	20-00

DESCRIPTION  
PANEL BEATING-Frt Fender RH  
SPRAYPAINT CHARGE  
WIRING CHECK  
TUFF COAT ON AFFECTED PARTS.



KED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
edgement Slip		Exit Pass	
No.: SHA1060U	LIMITS	Vehicle No.: SHA1060U	
Signature/Date		Date	
turned to Service Reception upon collection		To be kept by Security Guard	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/06/2019 11:04
Date Of Accident	22/06/2019 17:00
Exact Location Of Accident	WISMA ATRIA TAXI STAND ALONG ORCHARD TURN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1060U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	LIM KOK CHIN
NRIC No	S1284127B
Date Of Birth	09/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517702
Fax Number	
Contact Number	
EEmail Address	69LKC58@GMAIL.COM

Address	BLK 220 SERANGOON AVENUE 4 #06-244
Postcode	550220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED \* TYPE OF ACCIDENT :- TAXI REVERSED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU2286K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARON TAN SIEW CHIN
NRIC/Passport Number	S7627929B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(Including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

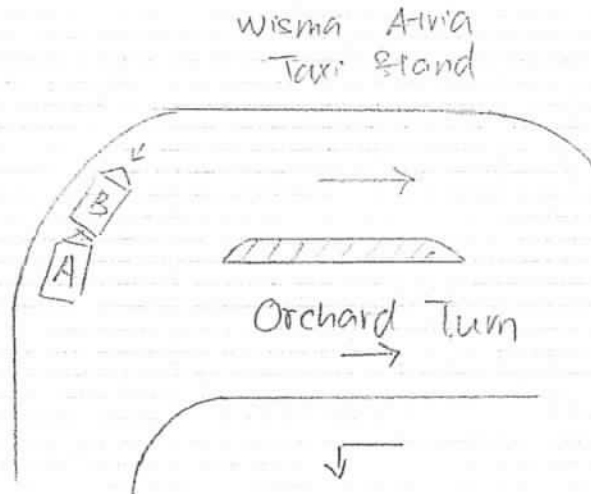
Reporting Centre Personnel's Signature  
Name: **Loke Wei Yieng**  
NRIC/FIN No.:



## SKETCH PLAN

A = 3HA 1060U

B = SGU 2286K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/6/19 at about 17:00 hrs, my taxi  
 Veh A was stopped at above said location  
 Suddenly veh B instant reversing towards my  
 taxi in speedy. As it happen too fast, I have  
 no time to alert the driver. Due to this cause,  
 Veh B it rear portion collided onto the front  
 portion of my stationary taxi. 02 female passengers  
 in my taxi. No injury reported in this accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

 IMPORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 1555238218

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

24/6/19

COMFORTDELGRO ENGINEERING PTE LTD

Date: 24.06.2019

REPAIR ESTIMATE

Time: 12:56:29

Page: 1

NTUC - CP/P

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305305647  
 REGN NO : SHA1060U  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 23.08.2017  
 DATE/TIME IN : 24.06.2019 10:25  
 ACCIDENT DATE : 22.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2292-A	FRONT BUMPER	1	490.50	25.00	367.87	/	cm
0002 04-01-0302-2971-G	FRT BUMPER SIDE BRKT RH	1	77.00	25.00	57.75	Xsu	
0003 04-01-0302-2915-G	HEADLAMP RH	1	2,530.10	25.00	1,897.57	Xsu	
0004 04-01-0302-2062-G	RADIATOR LOWER GRILLE	1	163.40	25.00	122.55	Xsu	
0005 04-01-0302-2164-G	RADIATOR SUB GRILLE	1	331.90	25.00	248.92	Xsu	

SUB-TOTAL : 2,694.66

## JOB NATURE

0000 PB	PANEL BEATING-Frt Fender RH
0001 SP	SPRAYPAINT CHARGE
0002 17-01	WIRING CHECK
0003 20-00	TUFF COAT ON AFFECTED PARTS.

~~560.00~~ 200~~500.00~~ 200~~40.00~~ X~~40.00~~ X

SUB-TOTAL : 1,140.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO	:	305305647
REGN NO	:	SHA1060U
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(C
DATE OF REGN	:	23.08.2017
DATE/TIME IN	:	24.06.2019 10:25
ACCIDENT DATE	:	22.06.2019

### JOB / PARTS DESCRIPTION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
-----	-----	------------	-------	--------

TOTAL : 3,834.66

MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE

DATE :

Kahiri 16/6/19  
24/6/19 1330 hrs  
2 Dps.  
P/P  
Before Port p/h

[illegible]

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Our Job Ref No : 305305647

Date : 26/06/19

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA1060U

Date of Accident : 22-Jun-19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SGU2286K

2. The finalized amount shall be:

(a) Spare Parts after List discount \$367.88

(b) Labour Charges \$400.00

**Total for Part-By-Part Repair Cost \$767.88**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 27/6/19

Fax : 65468156

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

\_\_\_\_\_

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305305647  
REGN NO : SHA1060U  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 23.08.2017  
DATE/TIME IN : 24.06.2019 10:25  
ACCIDENT DATE : 22.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2292-A FRONT BUMPER 1 490.50 25.00 367.87

SUB-TOTAL : 367.87

## JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 767.87

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO


**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19011148/K1td3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 01-07-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SGU 2286K	Veh. Inspected	SHA 1060U
Policy No.	5106852729	Coverage (\$)	0.00
Claim No.	MT/1051021-001	Excess (\$)	0.00
Assign From		Assign Date	24/06/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703563480	Colour	BLUE
Odometer	151349	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	22/06/2019	Inspection Date	24/06/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 383 SIN MING DRIVE SINGAPORE 575717		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1060U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	CRACKED	490.50	490.50
1	FRT BUMPER SIDE BRKT RH	SERVICEABLE	77.00	-
1	HEADLAMP RH	SERVICEABLE	2,530.10	-
1	RADIATOR LOWER GRILLE	SERVICEABLE	163.40	-
1	RADIATOR SUB GRILLE	SERVICEABLE	331.90	-
	LESS 25% DISCOUNT		-898.23	-122.62
			2,694.67	367.88
	<b><u>LABOUR</u></b>			
	PANEL BEATING-FRT FENDER RH.		560.00	200.00
	SPRAYPAINT CHARGE.		500.00	200.00
	WIRING CHECK.	NOT NECESSARY	40.00	-
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
			1,140.00	400.00
	<b>GRAND TOTAL</b>		<b>3,834.67</b>	<b>767.88</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>767.88</b>

Report Ref No. NS/INC19011148/K1td3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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